

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	31/03/2021 17:20 (SGT)
Date of Accident	30/03/2021 07:20 (SGT)
Exact Location of Accident	Victoria Ln, Singapore
Additional Location Information	OUTSIDE MADRASAH ALJUNIED
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM7193T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MUNCHI LEASING PTE. LTD.
Company Reg No	2XXXXX996K
Email Address	CARRENTING101@GMAIL.COM
Mobile Phone No	(Phone) +65-81833239
Alternative Phone No	+65-81833239

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5112974558-01
Cover Note Number	-

DRIVER

Name of Driver	KABBAB CHOUAIB
Passport No/FIN	GXXXX781M

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Describe Circumstances of the Accident

On 30/03/2021 at about 07.20 hrs along Victoria Lane I stopped my vehicle (SJM7193T) at the school gate outside Al-Nahd Islamic School to drop off my wife at the school. The road was a two way lane between of Stamford Primary School and Al-Nahd Islamic School. As I was about to move off, Veh B (SMA739T) overtook me from the right side going against the traffic flow and collided into my vehicle.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel